

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

MTH

PLAINTIFF UNITED STATES OF AMERICA	RECEIVED U.S. MARSHAL	COURT CASE NUMBER 08 C 725
DEFENDANT ONE CITYWIDE TITLE CORPORATION CHECK IN THE AMOUNT OF \$15,757.25 MADE PAYABLE TO SMITH ORTIZ FINANCIAL INC. N. DIST. OF ILL.	08 FEB -6 AM 9:00	TYPE OF PROCESS NOTICE OF FORFEITURE/ VERIFIED COMPLAINT FOR FORFEITURE

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ONE CITYWIDE TITLE CORPORATION CHECK IN THE AMOUNT OF \$15,757.25 c/o
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 433 WEST HARRISON, 6TH FLOOR, CHICAGO, ILLINOIS 60669

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
PATRICK J. FITZGERALD, UNITED STATES ATTORNEY UNITED STATES ATTORNEY'S OFFICE 219 SOUTH DEARBORN, ROOM 500 CHICAGO, ILLINOIS 60604 ATTENTION: DANIEL E. MAY, AUSA	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

PERSONAL SERVICE IS REQUIRED.

Prepared by: B. Robertson

Signature of Attorney or other Originator requesting service on behalf of:

DANIEL E. MAY, AUSA

☒ PLAINTIFF
☐ DEFENDANTTELEPHONE NUMBER
(312) 353-5300DATE
2/5/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below).

Name and title of individual served (if not shown above).

Robin Anderson

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

2/14/08

Time

12:10

am

pm

Signature of U.S. Marshal or Deputy

James A. Vetter

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Amount Owed to US Marshal or	Amount or Refund
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REMARKS:

PRIOR EDITIONS MAY
BE USED

SEND ORIGINAL + 2 COPIES to USMS.

FORM USM 285 (Rev. 12/15/80)

1. CLERK OF COURT 2. USMS Record 3. Notice of Service 4. Billing Statement 5. Acknowledgment of Receipt